U.S Department of Labor
Office of Labor-Management
Standards
Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 8124	2 Fiscal	2 Fiscal Year Covered From				
•		1 / 1 / 2004 Through 12 / 31 / 2004				
3 Name and address of person filing	4 Name file number and address of labor organization					
Name Joseph E Cousino	Name International Brotherhood of					
	Electrical Workers Local 8 Labor Organization File Number 013-072					
PO Box Bldg Room No If any	PO Box Building and Room Number if any					
Street 5242 Ottawa River Road	Street	Street 807 Lime City Road				
Cây Toledo	City	Rossford				
State Ohio ZIP Code + 4 43611-226	7 State	Oh10_		ZIP Code +4 43460-16		
5 Position in labor organization Local 8 Member						
6 Name and address of Employer (including trade name if any) Name	7 a Nat	ure of Interest Transact	ion or Income			
PO Box Bldg Room No if any	7 b Am					
Street		, , , , , , , , , , , , , , , , , , ,				
Cây						
State ZIP Code + 4						
Sig	nature					
15. Signature and verification. The undersigned declares under penalty of submitted in this report (including the information contained in any accompany undersigned's ignowledge and belief true correct, and complete (See the s	lying docum	ents) has been examin	ed by the signal			
Signed Joseph Commission	On f	8-1-2005	-	27-3971~ elephone Number		
l		- Cu	•	organic runner		

Joseph E cousino	File Number U
B Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to or otherwise
8 Name and address of Business (including trade name if any)	9 Business deals with
Name N W O Electrical Administrators	· -
Trade Name if any	a Labor Organization
PO Box Bldg Room No if any PO Box 60408	b Trust
Street 727 Lime City Road	Employer
City Rossford	
State Ohio ZIP Code + 4 43460-164	3
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name	Educational Conference
Trade Name if any	
PO Box Bldg Room No if any	
Street	11 b Approximate dollar value of such dealing \$2498.12
City	12.a Nature of interest held or income received
State ZIP Code + 4	
	Advance for Educational Conference Expense report/receipts on file at N W O Electrical Administrator's
	Advance for Educational Conference Expense report/receipts on file at N W O Electrical Administrator's office 12.b Amount.
State ZiP Code + 4 C Received from any employer (other than an employer covered under	Advance for Educational Conference Expense report/receipts on file at N W O Electrical Administrator's office 12.b Amount.
C Received from any employer (other than an employer covered under or from any tabor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant	Advance for Educational Conference Expense report/receipts on file at N W O Electrical Administrator's office 12.b Amount.
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant ———————————————————————————————————	Advance for Educational Conference Expense report/receipts on file at N W O Electrical Administrator's office 12.b Amount.
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C Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any PO Box Bidg Room No if any	Advance for Educational Conference Expense report/receipts on file at N W O Electrical Administrator's office 12.b Amount.
C Received from any employer (other than an employer covered undoor from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bidg Room No if any Street	Advance for Educational Conference Expense report/receipts on file at N W O Electrical Administrator's office 12.b Amount.

FORM LM-30 Labor Organization officer and Employee Report

pusino	File Number	
overed from	1/1/2004 through 12/31/2004	
Box 60408 Lime City Rd	c	
Business deals with a Labor Organization		
Educational Conference		
Lost wages for attending Ed	lucational Conference	
Amount		
	Box 60408 Lime City Rd ford, OH 43460-1643 Business deals with a Labor Organization Educational Conference Lost wages for attending Education	D Electrical Administrators, Inc Box 60408 Lime City Rd ford, OH 43460-1643 Business deals with a Labor Organization Educational Conference Lost wages for attending Educational Conference Amount

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